

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation Outfront Media LLC			3. FEC Identification Number <div>C C90016817</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1731 Workman Street			
(c) City, State and ZIP Code Los Angeles CA 90031			
2. Occupation and Name of Employer (for Individual Filers Only)			

6. TOTAL CONTRIBUTIONS.....	.00	
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7. TOTAL INDEPENDENT EXPENDITURES	8000.00
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10/27/2016

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Outfront Media LLC

Full Name (Last, First, Middle Initial) of Payee

Outfront Media LLC

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		26		2016

Mailing Address 1731 Workman Street

Amount

City	State	Zip Code
Los Angeles	CA	90031

Amount
8000.00

Transaction ID : F57.000001

Purpose of Expenditure
BillboardsCategory/
Type 004

Office Sought:	<input checked="" type="checkbox"/> House	State: CA
	<input type="checkbox"/> Senate	District: 44
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
Hall, Isadore, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

8000.00

Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

M M	/	D D	/	Y Y Y Y

Amount

City	State	Zip Code

Amount

Purpose of Expenditure

Category/
Type

Office Sought:	<input type="checkbox"/> House	State: _____
	<input type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

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Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

M M	/	D D	/	Y Y Y Y

Amount

City	State	Zip Code

Amount

Purpose of Expenditure

Category/
Type

Office Sought:	<input type="checkbox"/> House	State: _____
	<input type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

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Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

8000.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

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(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

8000.00
